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(BPD)

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACTState of VIRGINIA

Citation

42 CFR 435.10

2.2 Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in ATTACHMENT 2.2-A.

- ☐ Mandatory categorically needy and other required special groups only.
- ☐ Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.
- ☐ Mandatory categorically needy, other required special groups, and specified optional groups.
- ☒ Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

All applicable requirements of 42 CFR Part 435 and §1902(a)(10)(A)(i)(IV), (V), and (VI), 1902(a)(10)(A)(ii)(XI), 1902(a)(10)(E), 1902(l) and (m), 1905(p), (q) and (s), 1920, and 1925 of the Act are met.

§2.2 Footnote: Medicaid is available to the groups as identified in Attachment 2.2 A, except for the following: eligibility will be denied any individual for a period of twelve (12) months following the date of their conviction for fraud against the Program.

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